

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90001 035 ***550.00

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1. Entity Name
AMERICAN COUNTRY INSURANCE COMPANY



Principal Place of Business
**500 WEST MADISON ST.
SUITE 600
CHICAGO, IL 60601-1105**

Mailing Address
**500 WEST MADISON ST.
SUITE 600
CHICAGO, IL 60601-1105**

04064663



2. Principal Place of Business
150 Northwest Point Blvd

3. Mailing Address
150 Northwest Point Blvd

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

07162004 Chg-P CR2E034 (10/03)

City & State
Elk Grove Village IL

City & State
Elk Grove Village IL

4. FEI Number
36-4168532

Applied For
Not Applicable

Zip
60007-1040

Country
Cook

Zip
60007-1040

Country
Cook

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DORE, JOHN A 500 WEST MADISON STREET SUITE 600 CHICAGO, IL 606011105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV DELEO, DANIEL R 500 WEST MADISON STREET SUITE 600 CHICAGO, IL 606011105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCP ROMANO, PAUL A 500 WEST MADISON STREET SUITE 600 CHICAGO, IL 606011105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS, MICHAEL G 500 WEST MADISON STREET SUITE 600 CHICAGO, IL 606011105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRIEDBERGER, JOAN F 500 WEST MADISON STREET SUITE 600 CHICAGO, IL 606011105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Beck, Roger T 150 Northwest Point Blvd Suite 300 Elk Grove Village, IL 60007-1040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CFO Romano, -Paul-A 150 Northwest Point Blvd Suite 300 Elk Grove Village, IL 60007-1040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAIMS Francis, Michael G 150 Northwest Point Blvd Suite 300 Elk Grove Village, IL 60007-1040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UNDERWRITING Friedberger, Joan F 150 Northwest Point Blvd Suite 300 Elk Grove Village, IL 60007-1040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACTUARIAL Gennett, Christine A 150 Northwest Point Blvd Suite 300 Elk Grove Village, IL 60007-1040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A Romano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 23, 2004 (847) 700-8200

Date

Daytime Phone #